

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60			10			
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20			10				70			9			
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30			9				80			10			
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40			10				90			9			
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50			9				100			9			
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/		/			151						
102		/		/			152						
103		/		/			153						
104		/		/			154						
105		/		/			155						
106		/		/			156						
107		/		/			157						
108		/		/			158						
109		/		/			159						
110		/	10	/			160						
111		/		/			161						
112		/		/			162						
113		/		/			163						
114	/			/			164						
115		/		/			165						
116		/		/			166						
117		/		/			167						
118		/		/			168						
119		/		/			169						
120		/	9	/			170						
121		/		/			171						
122		/		/			172						
123		/		/			173						
124		/		/			174						
125		/		/			175						
126		/		/			176						
127		/		/			177						
128		/		/			178						
129		/		/			179						
130		/	10	/			180						
131		/		/			181						
132	/			/			182						
133		/		/			183						
134		/		/			184						
135		/		/			185						
136		/		/			186						
137		/		/			187						
138		/		/			188						
139		/		/			189						
140		/	9	/			190						
141		/		/			191						
142		/		/			192						
143		/		/			193						
144		/		/			194						
145		/		/			195						
146		/		/			196						
147		/		/			197						
148		/		/			198						
149		/		/			199						
150		/		/			200						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

**BEST AVAILABLE COPY**